

Pharmacy nomination

To surgery:

Insert GP surgery name

Date

Dear surgery,

Please disregard all previous requests that you hold on record for my prescription to be made available to a particular pharmacy.

Henceforth, I wish my prescriptions to be dispensed by The Revel Pharmacy.

The Revel Pharmacy, Barr Ln, Brinklow, Rugby, CV23 0LN

Please provide this pharmacy with all possible cooperation when seeking to obtain or manage my prescriptions.

Yours faithfully, _____

Print name

Print address
